

Desc Main
FILED
Clerk
U.S. Bankruptcy Court
OCT 31 2016
WDNC
Statesville, NC

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NORTH CAROLINA
(Statesville Division)**

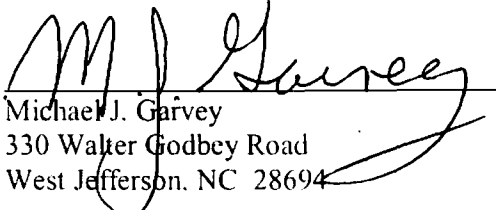
In re: }

MICHAEL JAMES GARVEY } Case No. 16-50518
Chapter 13
}

NOTICE TO THE COURT

This is a Notice of Dismissal that I, Michael James Garvey, in the above referenced bankruptcy Case No.: 16-50518, wishes to dismiss this bankruptcy case at this time for medical reasons as described in the attached doctor's note. I notified Steven G. Tate, Trustee, of my recent disability but Mr. Tate never responded.

Respectfully submitted,


Michael J. Garvey
330 Walter Godbey Road
West Jefferson, NC 28694

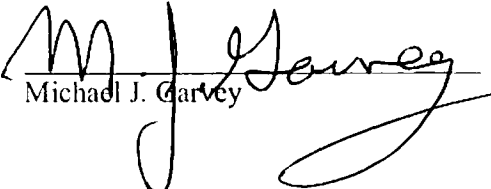
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing Notice of Dismissal has been sent to the parties listed below by USPS First Class Mail.

Steven G. Tate, Trustee
212 Cooper Street
Statesville, NC 28677

SHAPIRO & INGLE, LLP
10130 Perimeter Pkwy., Suite 400
Charlotte, NC 28216

Dated: October 27, 2016


Michael J. Garvey

WORK RESTRICTIONS

Southeastern Retina Associates, P.C.

Diseases and Surgery of the Retina and Vitreous

- ☐ John C. Hoskins, M.D. ☐ Joseph M. Googe, Jr., M.D.
☐ James H. Miller, Jr., M.D. ☐ Joseph M. Gunn, M.D.
☐ Tod A. McMillan, M.D. ☐ Howard L. Cummings, M.D.
☐ Allan Couch, M.D. ☐ Stephen L. Perkins, M.D.

Patient Name: Michael Conway Date: 10-5-16
 Diagnosis: Retinal Detachment Eye: Right
 Visual Acuity: with correction ☒ right eye 20/400 left eye 20/200
 without correction ☐ right eye _____ left eye _____

Date of Surgery: 10/3/16, 10/5/16 Date of Injury: _____

Date of Restriction Onset: 10/3/2016
 Date of Expected Return to Work: _____

- ☐ No Operation of Heavy Equipment
☐ No Stooping, Bending or Straining
☐ No Lifting or Carrying Over Ten Pounds (10 lbs.)
☐ No Work at Elevations Above Floor Level
☐ No Exposure to Hazardous Machinery
☐ No Activities Resulting in Rapid Head Movement
☒ No Work Involving Fine Work at Close Distance
☐ No Physical Education
☐ No Driving
☐ Limited Depth Perception
☐ Limited Color Discrimination
☐ Limited Night Vision
☐ Limited Field of Vision
☐ Must Wear Eye Protection at All Times – Monocular Vision
☐ Must Wear Glasses
☐ Other _____

☐ No Restrictions

☒ Restricted

☐ a. Permanent

☒ b. Temporary

☐ Visually Disabled

☐ a. Former Job

☐ b. Any Job

Comments: Patient legally blind and currently cannot read. Recommend to recuse from court for at least 1 month until visual recovery.

EXAMINER'S SIGNATURE